

To create public awareness against the practice of pre-natal determination of sex and female foeticide and to implement the provisions of the PNDT Act, activities are undertaken through Government Media Unit viz. TV, Radio and Print media.

Workshops/Seminars are being organised at State/district level, to create awareness about the provisions of the Act. Non-Governmental Organisations are also being involved to carry out projects for generating awareness among doctors/clinics/law enforcing authorities and public at large. The cooperation of the NGOs has also been elicited in listing and enumerating, within their jurisdiction, the name and address of premises where the Medical Termination of Pregnancy (MTP) is being performed, with a view to detect registered/unregistered clinics.

Eschismic heart disease

†1540. SHRIMATI KUM KUM RAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether eschismic heart disease has turned as an epidemic in developing countries like India;
- (b) if so, the reasons therefor;
- (c) the details of the measures being taken to prevent it; and
- (d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) According to Indian Council of Medical Research, eschismic heart disease is becoming a major health problem in our country with more than 10% of the population in urban environment above the age of 35 years suffering from its manifestations. The prevalence in rural settings is still lower (4-5% of the population above the age of 35 years). Since the causes of this disease is attributed among others to individual life style and food habits the doctors are creating awareness among the people for adopting proper life style and food habits to control this disease.

Indicator for public health

1541. SHRI B.J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) where the following three indicators of public health stand at the end of

2000-2001 (i) CDR (Crude Death Rate), (ii) IMR (Infant Mortality Rate), (iii) Life Expectancy at Birth; and

(b) how it compares with the corresponding figures at the beginning of the Eighth and Ninth Plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per the latest information available, the Crude Death Rate was 8.7, Infant Mortality Rate was 70 in the year 1999 and Life Expectancy at Birth was 62.36 years for male and 63.39 years for female during the period 1996—2001.

(b) The Crude Death Rate, Infant Mortality Rate and Life Expectancy at Birth at the beginning of the Eighth and Ninth Plan are as under:—

Mortality Indicators

Indicator		Eighth Plan	Ninth Plan
(i)	C.D.R.	10.1	8.9
(ii)	I.M.R.	79	71
(iii)	Life Expectancy at Birth (years)		
	Male	58.6	60.6
	Female	59.0	61.7
	Combined	58.7	61.2

Malnutrition among slum and tribal children in Maharashtra

1542. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of children in slum and tribal areas of Maharashtra are affected by malnutrition;

(b) if so, the estimated number of affected children;

(c) the details of special programme undertaken by Government to deal with the problem of malnutrition among the children in identified areas; and

(d) the progress achieved under on-going schemes and action plan for the next five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) As per National Nutrition Monitoring Bureau, Diet and Nutrition Survey Report, 2000, in the Tribal